Oregon EMS Conference 2009 - Exhibitor Registration Form

Submit by Email

October 2 & 3, 2009

At the Red Lion on the River, Jantzen Beach, Portland OR

REGISTRATION AND PAYMENT

EARLY RECEIVED before or on: 8/26/09
LATE RECEIVED on or after: 8/27/09
PACKET MATERIALS BY 8/30/09

	Early	Late
☐ Single (approx. 8' x 10')	$ 385.00	$ 585.00
☐ Double (approx. 16' x 10')	$ 570.00	$ 770.00
☐ Vehicle Space (with electrical outlet)	$ 575.00	$ 775.00
☐ Additional Vehicle (each)	$ 320.00	$ 520.00
☐ Additional Staff (each)	$ 130.00	QTY
☐ Awards Banquet Dinner Tickets	$ 35.00	QTY
☐ We **will** provide packet materials	$ 100.00	

☐ **Thank you we will not attend, but please keep us on the mailing list**

☐ Please remove us from the mailing list. Please fill in company name below.

Make checks payable to:

Portland Community College
Reference EMS Conference 2009

Mail payment & registration form to:

Teresa Sielsch, Coordinator
PCC Institute for Health Professionals
1626 SE Water Ave Rm 114
Portland, OR 97214
503-731-6625

Visa or MasterCard by fax: 503-731-6632*
***Credit Card Statements will reflect PCC as payee.**

Sorry, no Purchase Orders Accepted

☐ **Advertise: PDF preferred format, will accept JPEG or TIFF** (Grayscale only, except back page ad)
Ad must be received by June 12th. Mail with form/payment to address above or email to: tsielsch@pcc.edu

☐ $500 half pg inside brochure ☐ $250 quarter pg inside brochure ☐ $200 business card inside brochure

Exhibitor Registration: (Please review the attached "Exhibit A" - Responsibility Clause for Exhibitors)

Company _____ Local Rep _____

Street _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

E-mail _____ Web Site _____

Name(s) to appear on registration badge(s). Two per booth.

1. _____ 2. _____

Addtional staff - payment included @ $130 each.

1. _____ 2. _____

Comments/Special Needs _____

Visa or MasterCard by fax; (503.731.6632), telephone; (503.731.6633) or email; tsielsch@pcc.edu

☐ Visa ☐ MasterCard **We do not accept American Express Statement will reflect PCC as payee.**

Card # _____ Exp Date _____

Name _____ Address _____